



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2950

<b>SERIAL NUMBER</b> 09/834,442	<b>FILING DATE</b> 04/13/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 29342/37225
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**APPLICANTS**

John S. Whitaker, Woodinville, WA;  
Inigo Saenz de Tejada, Madrid, SPAIN;  
Kenneth M. Ferguson, Bothell, WA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 09/558,911 04/26/2000 PAT 6,451,807  
WHICH CLAIMS BENEFIT OF 60/132,036 04/30/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/05/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Identified and acknowledged	Examiner's Signature	Initials		

**ADDRESS**

MARSHALL, GERSTERIN & BORUN  
6300 SEARS TOWER  
233 SOUTH WACKER DRIVE  
CHICAGO, IL 60606-7357

**TITLE**

Daily treatment for erectile dysfunction using a PDE5 inhibitor

<b>FILING FEE RECEIVED</b> 1854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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<b>SERIAL NUMBER</b> 09/834,442	<b>FILING DATE</b> 04/13/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 29342/37225	
<b>APPLICANTS</b> John S. Whitaker, Woodinville, WA; Inigo Saenz de Tejada, Madrid, SPAIN; Kenneth M. Ferguson, Bothell, WA;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/558,911 04/26/2000 WHICH CLAIMS BENEFIT OF 60/132,036 04/30/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/05/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MS</i>		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 04743					
<b>TITLE</b> Daily treatment for erectile dysfunction using a PDE5 inhibitor					
<b>FILING FEE RECEIVED</b> 1854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		